

Mental Health and Safeguarding Training

Date	Time	Session	Level	Venue	Host
Future dates to be confirmed					
See application form below					

Application for Safeguarding Adults Training

Name:

Job Title:

Organisation Title:

Work Address:

Please tick the organisation you work for:

DCC	TEWV	NHS DARLINGTON	NHS DURHAM	CDDFT	INDEPENDENT SECTOR	VOLUNTARY SECTOR

Contact number:

Email Address (Essential – Pre-course information will be emailed with course confirmation):

Title of session:

Preferences for course date

Please discuss attendance on this course with your manager and ensure there is sufficient cover to let you attend the course before you select a date.

Please ensure that you attend Alerter Training and Managing the Alert (if appropriate) before attending other modules of the course. If relevant then please tick to confirm that this is the case. (Essential – We cannot process your application without this)

	DATE	VENUE	A.M. SESSION	P.M. SESSION
1 st CHOICE				
2 nd CHOICE				
3 rd CHOICE				

If you are attending a half day course, please tick **AM** or **PM** as many courses have two sessions in one day.

Please return completed forms to:

Alison Hind
Priory House
Abbey Road
Pity Me
Durham
DH1 5RR

Or email: safeguarding_training@durham.gov.uk